

Exhibit F

Date: 07/28/2020
 Time: 12:56 PM

Federal Bureau of Prisons
 TRUINTEL
 Global Inmate Report
 Sensitive But Unclassified

Demographics

Reg#: 94082038

Custody

Last Name: NOBLE

Security: LOW

First Name: WILLIAM

Custody Level: IN

Sex:

Care Level:

Date of Birth: [REDACTED]

Proj. Rise Date:

Height:

Proj. Rise method:

Weight:

Hair Color:

PSF1:

Eye Color:

PSF2:

Race:

PSF3:

Ethnicity:

Last Payroll Posted

Place of Birth:

Location

Citizenship:

Code

Department

Pay Area

Pay Period

Legal Residence:

FTD

CORRECTIONA

EAST

APRIL 2017

L SERVICES

CORRECTIONA

L SERVICES



Location

TRUFACS Arrival: 11/30/2012

Local Arrival: 2/6/2018

Location Code: PHL

Alpha Code: PHL

Housing Unit: PHL-F-S

Quarters: F03-631U

STG Assignments

| <u>STG Type</u> | <u>STG Name</u> | <u>STG Role</u> | <u>STG Status</u> |
|-----------------|-----------------|-----------------|-------------------|
| STP | Sex Ofndr | Active | Completed |

Intelligence

| <u>Date</u> | <u>Type</u> | <u>Subject</u> | <u>Attachment</u> | <u>Original Entered By</u> | <u>Original Location Code</u> |
|-------------|------------------------|-------------------|-------------------|----------------------------|-------------------------------|
| 3/6/2018 | Non-STG Group Activity | Info | 1 | TF19363 | PHL |
| 1/23/2018 | Suspicious Activity | Extension for SIS | 1 | TF38465 | FTD |

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Investigation

| | | | | |
|----------|------------|--|---------|-----|
| 5/9/2017 | Contraband | Subpeonas and search 3 warrants for 04-26-2017 | TF38029 | FTD |
|----------|------------|--|---------|-----|

Incidents

| <u>Significant Incident</u> | <u>Incident Date</u> | <u>Description</u> | <u>Submit Approved By</u> | <u>583 Status</u> | <u>586 Status</u> |
|-----------------------------|----------------------|--------------------|---------------------------|-------------------|-------------------|
|-----------------------------|----------------------|--------------------|---------------------------|-------------------|-------------------|

Cases

| <u>Case Number</u> | <u>Case Type</u> | <u>Case Subtype</u> | <u>Case Status</u> | <u>Opened Date</u> | <u>Closed Date</u> |
|--------------------|------------------|---------------------|--------------------|--------------------|--------------------|
| FTD-16-0190 | Investigative | Protective Custody | Closed | 5/4/2016 | 5/24/2016 |
| FTD-16-0190-A | Investigative | Protective Custody | Closed | 5/4/2016 | 6/21/2016 |

STG Disassociation Cases

| <u>Case Number</u> | <u>Summary</u> |
|--------------------|----------------|
|--------------------|----------------|

Referrals

| <u>Referral Number</u> | <u>Agency Category</u> | <u>Agency</u> | <u>Original Entered Date</u> | <u>Current Status</u> | <u>Current Status Date</u> |
|------------------------|------------------------|---------------|------------------------------|-----------------------|----------------------------|
|------------------------|------------------------|---------------|------------------------------|-----------------------|----------------------------|

Subpoenas

| <u>Subpoena</u> | <u>Agency Category</u> | <u>Agency</u> | <u>Original Entered Date</u> | <u>Current Status</u> | <u>Current Status Date</u> |
|-----------------|------------------------|---------------|------------------------------|-----------------------|----------------------------|
|-----------------|------------------------|---------------|------------------------------|-----------------------|----------------------------|

Positive Breathalyzer

| <u>Initial Tested Date</u> | <u>Alpha Code</u> | <u>Final Result</u> |
|----------------------------|-------------------|---------------------|
|----------------------------|-------------------|---------------------|

Positive Urinalysis

| <u>Cup Provided Date</u> | <u>Alpha Code</u> | <u>Final Result</u> |
|--------------------------|-------------------|---------------------|
|--------------------------|-------------------|---------------------|

PREA At Risk Inmate List

| <u>Reg #</u> | <u>Name</u> | <u>Inmate Alpha Code</u> | <u>Living Quarters</u> |
|--------------|-------------|--------------------------|------------------------|
|--------------|-------------|--------------------------|------------------------|

Two Hour Watch Inmate List

| <u>List Alpha Code</u> | <u>Reg #</u> | <u>Name</u> | <u>Inmate Alpha Code</u> | <u>Living Quarters</u> |
|------------------------|--------------|-------------|--------------------------|------------------------|
|------------------------|--------------|-------------|--------------------------|------------------------|

TruIntel Items

| <u>Item Number</u> | <u>Recovered Date</u> | <u>Type</u> | <u>Subtype</u> | <u>Description</u> |
|--------------------|-----------------------|-------------|----------------|--------------------|
|--------------------|-----------------------|-------------|----------------|--------------------|

TruScope Contraband

| <u>Recovered Date</u> | <u>Hard Item Type</u> | <u>Hard Sub Type</u> | <u>Nuisance Item Type</u> | <u>Nuisance Sub Type</u> |
|-----------------------|-----------------------|----------------------|---------------------------|--------------------------|
|-----------------------|-----------------------|----------------------|---------------------------|--------------------------|

| | | | | |
|---------------------------|--|--|--|--|
| 8/31/2014 11:50:00 PM CST | | | | |
|---------------------------|--|--|--|--|

| | | | | |
|---------------------------|--|--|--|--|
| 10/20/2014 5:58:00 PM CST | | | | |
|---------------------------|--|--|--|--|

| | | | | |
|--------------------------|--|--|--|--|
| 12/5/2014 7:00:00 PM CST | | | | |
|--------------------------|--|--|--|--|

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12/29/2014 12:15:01 PM CST
1/30/2015 7:39:39 PM CST
2/4/2015 5:47:00 PM CST
2/17/2015 11:07:08 PM CST
2/25/2015 5:30:35 PM CST
6/6/2015 7:17:54 PM CST
1/24/2016 12:33:00 PM CST
4/13/2016 11:30:00 AM CST
7/29/2016 6:22:20 PM CST
2/2/2017 12:24:00 AM CST
3/21/2018 12:23:14 PM CST
4/5/2018 12:14:24 PM CST
4/15/2018 11:36:57 AM CST
4/25/2018 1:15:53 PM CST
5/11/2018 11:59:43 AM CST
8/6/2018 8:18:16 PM CST

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Location: DC

| | | | | | | | | |
|--|----------|--|-----------|--|----------|---|--|---|
| Reg #: | 94082038 | Start Dt: | 4/26/2017 | End Dt: | 2/5/2018 | | | |
| <input checked="" type="checkbox"/> Money Received | | <input checked="" type="checkbox"/> Money Sent | | <input checked="" type="checkbox"/> Contact List | | <input checked="" type="checkbox"/> Addresses | <input checked="" type="checkbox"/> Phone List | <input checked="" type="checkbox"/> Calls |
| <input checked="" type="checkbox"/> Email List | | <input checked="" type="checkbox"/> Messages | | <input checked="" type="checkbox"/> Visitor List | | <input checked="" type="checkbox"/> Visits | <input type="checkbox"/> Timeline | |

Money Received

| Transaction Date | Loc | Trans Type | Amount | Sender Nm | Address | City | St | Zip | Phone |
|-----------------------|-----|---------------|----------|-----------|---------|------|----|-----|-------|
| 1/21/2018 1:04:33 PM | FTD | Western Union | \$25.00 | | | | | | |
| 12/22/2017 9:03:59 AM | FTD | Western Union | \$100.00 | | | | | | |
| 12/14/2017 5:13:20 AM | FTD | Lockbox - CD | \$75.00 | | | | | | |
| 12/2/2017 7:04:57 AM | FTD | Money Gram | \$100.00 | | | | | | |
| 11/28/2017 5:14:15 AM | FTD | Lockbox - CD | \$25.00 | | | | | | |
| 11/20/2017 7:08:04 AM | FTD | Western Union | \$25.00 | | | | | | |
| 11/4/2017 5:14:38 AM | FTD | Lockbox - CD | \$25.00 | | | | | | |
| 11/1/2017 7:06:30 AM | FTD | Western Union | \$40.00 | | | | | | |
| 10/1/2017 7:04:52 AM | FTD | Western Union | \$25.00 | | | | | | |
| 9/30/2017 5:17:35 AM | FTD | Lockbox - CD | \$25.00 | | | | | | |
| 8/26/2017 5:14:00 AM | FTD | Lockbox - CD | \$25.00 | | | | | | |
| 8/22/2017 7:06:36 AM | FTD | Western Union | \$25.00 | | | | | | |
| 7/8/2017 7:05:44 AM | FTD | Western Union | \$50.00 | | | | | | |
| 7/1/2017 10:04:03 AM | FTD | Western Union | \$75.00 | | | | | | |
| 6/27/2017 7:07:08 AM | FTD | Western Union | \$25.00 | | | | | | |

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Location: DC

| Transaction Date | Loc | Trans Type | Amount | Sender Nm | Address | City | St | Zip | Phone |
|-----------------------|-----|---------------|--------|-----------|---------|------|----|-----|-------|
| 6/27/2017 5:18:13 AM | FTD | Lockbox - CD | | | | | | | |
| 6/20/2017 7:06:51 AM | FTD | Western Union | | | | | | | |
| 5/30/2017 7:06:38 AM | FTD | Western Union | | | | | | | |
| 5/15/2017 10:05:22 PM | FTD | Western Union | | | | | | | |
| 5/10/2017 6:27:23 AM | FTD | Payroll - IPP | | | | | | | |
| 5/5/2017 9:04:39 PM | FTD | Western Union | | | | | | | |
| 5/1/2017 7:07:49 AM | FTD | Western Union | | | | | | | |

Money Sent

| Transaction Date | Loc | Trans Type | Amount | Recipient Nm | Address | City | St | Zip |
|------------------|-----|------------|--------|--------------|---------|------|----|-----|
|------------------|-----|------------|--------|--------------|---------|------|----|-----|

No information was found for the given criteria.

Contact List

| Contact Nm | Relationship | Email | Phone | Mail |
|------------|----------------|--------------------------|-------------------------------------|-------------------------------------|
| | Friend | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Friend | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Sibling | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Friend | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Friend | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Clergy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Friend | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Other Relation | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Clergy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Clergy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Friend | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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Location: DC

| Contact Nm | Relationship | Email | Phone | Mail |
|------------|----------------|--------------------------|-------------------------------------|-------------------------------------|
| | Friend | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Attorney | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Business | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Friend | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Friend | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Children | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Spouse | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Children | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Children | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Other Relation | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Friend | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Friend | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Friend | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Friend | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Friend | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Friend | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Friend | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Other Relation | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Sibling | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Friend | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Other Relation | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Friend | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Other Relation | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Other Relation | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Other Relation | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Other Relation | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Other Relation | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Other Relation | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Other Relation | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Other Relation | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

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Location: DC

| Contact Nm | Relationship | Email | Phone | Mail |
|------------|--------------|--------------------------|--------------------------|-------------------------------------|
| [REDACTED] | Clergy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Addresses

| Contact Nm | Relationship | Address | City | State | Zip |
|------------|----------------|------------|------------|------------|------------|
| [REDACTED] | Friend | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | Friend | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | Sibling | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | Friend | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | Friend | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | Friend | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | Clergy | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | Clergy | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | Clergy | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | Friend | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | Other Relation | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | Clergy | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | Clergy | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | Clergy | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | Clergy | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | Clergy | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | Friend | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | Friend | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | Attorney | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | Attorney | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | Business | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | Friend | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | Friend | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | Children | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |

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| Contact Nm | Relationship | Address | City | State | Zip |
|------------|----------------|---------|------|-------|-----|
| | Children | | | | |
| | Spouse | | | | |
| | Children | | | | |
| | Other Relation | | | | |
| | Other Relation | | | | |
| | Other Relation | | | | |
| | Friend | | | | |
| | Friend | | | | |

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Location: DC

| Contact Nm | Relationship | Address | City | State | Zip |
|------------|----------------|---------|------|-------|-----|
| | Friend | | | | |
| | Other Relation | | | | |
| | Sibling | | | | |
| | Friend | | | | |
| | Other Relation | | | | |
| | Other Relation | | | | |
| | Other Relation | | | | |
| | Friend | | | | |
| | Other Relation | | | | |
| | Other Relation | | | | |
| | Other Relation | | | | |
| | Other Relation | | | | |
| | Other Relation | | | | |
| | Other Relation | | | | |
| | Other Relation | | | | |
| | Other Relation | | | | |
| | Other Relation | | | | |
| | Clergy | | | | |

Phone List

| Creation Date | Last Change Date | Loc | Status | Phone | Contact First Nm | Contact Last Nm | Alerted Block Description |
|---------------|------------------|-----|--------|-------|------------------|-----------------|---------------------------|
| | | | | | | | |

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| Creation Date | Last Change Date | Loc | Status | Phone | Contact First Nm | Contact Last Nm | Alerted Block Description |
|------------------------|-----------------------|-----|----------|-------|------------------|-----------------|---------------------------|
| 2/6/2018 3:24:22 AM | 10/18/2018 1:09:58 PM | PHL | Inactive | | | | |
| 2/6/2018 3:24:22 AM | 10/18/2018 1:09:58 PM | PHL | Inactive | | | | |
| 2/6/2018 3:24:22 AM | 10/18/2018 1:09:58 PM | PHL | Inactive | | | | |
| 2/6/2018 3:24:22 AM | 10/18/2018 1:09:58 PM | PHL | Inactive | | | | |
| 2/6/2018 3:24:22 AM | 10/18/2018 1:09:58 PM | PHL | Inactive | | | | |
| 2/6/2018 3:24:22 AM | 10/18/2018 1:09:58 PM | PHL | Inactive | | | | |
| 2/6/2018 3:24:22 AM | 10/18/2018 1:09:58 PM | PHL | Inactive | | | | |
| 2/6/2018 3:24:22 AM | 10/18/2018 1:09:58 PM | PHL | Inactive | | | | |
| 2/6/2018 3:24:22 AM | 10/18/2018 1:09:58 PM | PHL | Inactive | | | | |
| 2/6/2018 3:24:22 AM | 10/18/2018 1:09:58 PM | PHL | Inactive | | | | |
| 2/6/2018 3:24:22 AM | 10/18/2018 1:09:58 PM | PHL | Inactive | | | | |
| 2/6/2018 3:24:22 AM | 10/18/2018 1:09:58 PM | PHL | Inactive | | | | |
| 2/6/2018 3:24:22 AM | 10/18/2018 1:09:58 PM | PHL | Inactive | | | | |
| 2/6/2018 3:24:22 AM | 10/18/2018 1:09:58 PM | PHL | Inactive | | | | |
| 2/6/2018 3:24:22 AM | 10/18/2018 1:09:58 PM | PHL | Inactive | | | | |
| 2/6/2018 3:24:22 AM | 10/18/2018 1:09:58 PM | PHL | Inactive | | | | |
| 2/6/2018 3:24:22 AM | 10/18/2018 1:09:58 PM | PHL | Inactive | | | | |
| 2/6/2018 3:24:22 AM | 10/18/2018 1:09:58 PM | PHL | Inactive | | | | |
| 2/6/2018 3:24:22 AM | 10/18/2018 1:09:58 PM | PHL | Inactive | | | | |
| 3/7/2018 9:53:26 AM | 10/18/2018 1:09:58 PM | PHL | Inactive | | | | |
| 3/14/2018 7:52:36 AM | 10/18/2018 1:09:58 PM | PHL | Inactive | | | | |
| 3/23/2018 8:07:34 AM | 10/18/2018 1:09:58 PM | PHL | Inactive | | | | |
| 4/28/2018 2:37:55 PM | 10/18/2018 1:09:58 PM | PHL | Inactive | | | | |
| 4/28/2018 2:37:55 PM | 10/18/2018 1:09:58 PM | PHL | Inactive | | | | |
| 9/28/2018 1:52:37 PM | 10/18/2018 1:09:58 PM | PHL | Inactive | | | | |
| 10/16/2018 8:38:11 PM | 10/18/2018 1:09:58 PM | PHL | Inactive | | | | |
| 10/16/2018 12:53:04 PM | 10/16/2018 8:38:11 PM | PHL | Inactive | | | | |

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|----------------------|----------------------|-----|----------|-------|------------------|-----------------|---------------------------|
| 4/28/2018 2:37:55 PM | 9/29/2018 7:37:26 AM | PHL | Inactive | | | | |
| 2/6/2018 3:24:22 AM | 9/29/2018 7:37:26 AM | PHL | Inactive | | | | |
| 2/6/2018 3:24:22 AM | 9/29/2018 7:22:26 AM | PHL | Inactive | | | | |
| 2/6/2018 3:24:22 AM | 9/29/2018 7:22:26 AM | PHL | Inactive | | | | |
| 2/6/2018 3:24:22 AM | 9/29/2018 7:22:26 AM | PHL | Inactive | | | | |
| 2/6/2018 3:24:22 AM | 9/29/2018 7:22:26 AM | PHL | Inactive | | | | |
| 4/16/2018 7:23:31 PM | 9/28/2018 1:52:37 PM | PHL | Inactive | | | | |
| 8/10/2018 4:06:01 AM | 8/10/2018 4:06:01 AM | PHL | Inactive | | | | |
| 8/10/2018 4:06:00 AM | 8/10/2018 4:06:00 AM | PHL | Inactive | | | | |
| 8/10/2018 4:06:00 AM | 8/10/2018 4:06:00 AM | PHL | Inactive | | | | |
| 8/10/2018 4:06:00 AM | 8/10/2018 4:06:00 AM | PHL | Inactive | | | | |
| 8/10/2018 4:05:59 AM | 8/10/2018 4:05:59 AM | PHL | Inactive | | | | |
| 8/10/2018 4:05:59 AM | 8/10/2018 4:05:59 AM | PHL | Inactive | | | | |
| 8/10/2018 4:05:59 AM | 8/10/2018 4:05:59 AM | PHL | Inactive | | | | |
| 8/10/2018 4:05:58 AM | 8/10/2018 4:05:58 AM | PHL | Inactive | | | | |
| 8/10/2018 4:05:58 AM | 8/10/2018 4:05:58 AM | PHL | Inactive | | | | |
| 8/10/2018 4:05:58 AM | 8/10/2018 4:05:58 AM | PHL | Inactive | | | | |
| 8/10/2018 4:05:57 AM | 8/10/2018 4:05:57 AM | PHL | Inactive | | | | |

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|----------------------|----------------------|-----|----------|-------|------------------|-----------------|---------------------------|
| 8/10/2018 4:05:57 AM | 8/10/2018 4:05:57 AM | PHL | Inactive | | | | |
| 8/10/2018 4:05:57 AM | 8/10/2018 4:05:57 AM | PHL | Inactive | | | | |
| 8/10/2018 4:05:56 AM | 8/10/2018 4:05:56 AM | PHL | Inactive | | | | |
| 8/10/2018 4:05:56 AM | 8/10/2018 4:05:56 AM | PHL | Inactive | | | | |
| 8/10/2018 4:05:56 AM | 8/10/2018 4:05:56 AM | PHL | Inactive | | | | |
| 8/10/2018 4:05:55 AM | 8/10/2018 4:05:55 AM | PHL | Inactive | | | | |
| 8/10/2018 4:05:55 AM | 8/10/2018 4:05:55 AM | PHL | Inactive | | | | |
| 8/10/2018 4:05:55 AM | 8/10/2018 4:05:55 AM | PHL | Inactive | | | | |
| 8/10/2018 4:05:54 AM | 8/10/2018 4:05:54 AM | PHL | Inactive | | | | |
| 8/10/2018 4:05:54 AM | 8/10/2018 4:05:54 AM | PHL | Inactive | | | | |
| 8/10/2018 4:05:54 AM | 8/10/2018 4:05:54 AM | PHL | Inactive | | | | |
| 8/10/2018 4:05:53 AM | 8/10/2018 4:05:53 AM | PHL | Inactive | | | | |
| 8/10/2018 4:05:53 AM | 8/10/2018 4:05:53 AM | PHL | Inactive | | | | |
| 8/10/2018 4:05:53 AM | 8/10/2018 4:05:53 AM | PHL | Inactive | | | | |
| 8/10/2018 4:05:53 AM | 8/10/2018 4:05:53 AM | PHL | Inactive | | | | |
| 8/10/2018 4:05:52 AM | 8/10/2018 4:05:52 AM | PHL | Inactive | | | | |

Date: 07/28/2020
Time: 02:10 PMFederal Bureau of Prisons
TRUVIEW
Inmate Center Report
Sensitive But Unclassified

Location: DC

| Creation Date | Last Change Date | Loc | Status | Phone | Contact First Nm | Contact Last Nm | Alerted Block Description |
|----------------------|----------------------|-----|----------|-------|------------------|-----------------|---------------------------|
| 8/10/2018 4:05:52 AM | 8/10/2018 4:05:52 AM | PHL | Inactive | | | | |
| 2/6/2018 3:24:22 AM | 4/28/2018 2:37:55 PM | PHL | Inactive | | | | |
| 2/6/2018 3:24:22 AM | 4/28/2018 2:37:55 PM | PHL | Inactive | | | | |
| 2/6/2018 3:24:22 AM | 4/28/2018 2:37:55 PM | PHL | Inactive | | | | |
| 4/4/2018 4:05:14 AM | 4/4/2018 4:05:14 AM | PHL | Inactive | | | | |
| 4/4/2018 4:05:13 AM | 4/4/2018 4:05:13 AM | PHL | Inactive | | | | |
| 3/11/2018 5:37:42 PM | 3/26/2018 8:38:42 PM | PHL | Inactive | | | | |
| 2/6/2018 3:24:22 AM | 3/23/2018 8:07:34 AM | PHL | Inactive | | | | |
| 2/6/2018 3:24:22 AM | 3/14/2018 7:52:36 AM | PHL | Inactive | | | | |
| 2/6/2018 3:24:22 AM | 2/7/2018 4:02:51 AM | PHL | Inactive | | | | |
| 2/6/2018 3:24:22 AM | 2/7/2018 4:02:50 AM | PHL | Inactive | | | | |
| 2/6/2018 3:24:22 AM | 2/7/2018 4:02:50 AM | PHL | Inactive | | | | |
| 2/6/2018 3:24:22 AM | 2/7/2018 4:02:50 AM | PHL | Inactive | | | | |
| 2/6/2018 3:24:22 AM | 2/7/2018 4:02:49 AM | PHL | Inactive | | | | |
| 2/6/2018 3:24:22 AM | 2/7/2018 4:02:49 AM | PHL | Inactive | | | | |
| 2/6/2018 3:24:22 AM | 2/7/2018 4:02:47 AM | PHL | Inactive | | | | |
| 2/6/2018 3:24:22 AM | 2/6/2018 3:24:22 AM | PHL | Inactive | | | | |
| 2/6/2018 3:24:22 AM | 2/6/2018 3:24:22 AM | PHL | Inactive | | | | |

Date: 07/28/2020

Time: 02:10 PM

Federal Bureau of Prisons
 TRUVIEW
 Inmate Center Report
 Sensitive But Unclassified

Location: DC

| Creation Date | Last Change Date | Loc | Status | Phone | Contact First Nm | Contact Last Nm | Alerted Block Description |
|-----------------------|-----------------------|-----|----------|-------|------------------|-----------------|---------------------------|
| 2/23/2016 11:52:22 AM | 3/3/2016 6:52:24 PM | FTD | Inactive | | | | |
| 12/8/2014 10:52:10 PM | 2/23/2016 11:52:22 AM | FTD | Inactive | | | | |
| 1/16/2016 12:52:26 PM | 1/29/2016 8:07:28 PM | FTD | Inactive | | | | |
| 1/15/2016 8:37:14 AM | 1/29/2016 1:52:15 PM | FTD | Inactive | | | | |
| 12/8/2014 8:07:33 PM | 12/8/2014 10:52:10 PM | FTD | Inactive | | | | |

Calls

| Start Date | Loc | Completed | Duration | Phone | Contact First Nm | Contact Last Nm | City | St | Country |
|----------------------|-----|-----------|----------|-------|------------------|-----------------|------|----|---------|
| 1/7/2018 6:18:32 PM | FTD | Yes | 15 | | | | | | |
| 12/8/2017 7:57:33 PM | FTD | Yes | 15 | | | | | | |
| 11/9/2017 8:29:47 PM | FTD | Yes | 15 | | | | | | |
| 10/9/2017 7:13:57 PM | FTD | Yes | 15 | | | | | | |
| 9/9/2017 7:09:05 PM | FTD | Yes | 15 | | | | | | |
| 8/10/2017 8:02:52 PM | FTD | Yes | 15 | | | | | | |
| 7/11/2017 8:00:31 PM | FTD | Yes | 15 | | | | | | |
| 6/12/2017 7:59:55 PM | FTD | Yes | 15 | | | | | | |
| 5/13/2017 5:46:14 PM | FTD | Yes | 15 | | | | | | |

Email List

| Creation Date | Loc | Status | Email Address | Contact Nm | Relationship | Reject Reason |
|---------------|-----|--------|---------------|------------|--------------|---------------|
|---------------|-----|--------|---------------|------------|--------------|---------------|

No information was found for the given criteria.

Email Messages

| Entered Date | Loc | Type | Status | Rev Req | Email Address | Contact Nm | Relationship |
|--------------|-----|------|--------|------------|---------------|------------|--------------|
|--------------|-----|------|--------|------------|---------------|------------|--------------|

Date: 07/28/2020

Time: 02:10 PM

Location: DC

Federal Bureau of Prisons
 TRUVIEW
 Inmate Center Report
 Sensitive But Unclassified

| Entered Date | Loc | Type | Status | Rev Req | Email Address | Contact Nm | Relationship |
|--|--------------|---------|--------|------------|---------------|------------|--------------|
| **No information was found for the given criteria.** | | | | | | | |
| Visitor List | | | | | | | |
| Visitor Nm | Relationship | Address | City | St | Zip | Phone | Alpha Cd |
| **No information was found for the given criteria.** | | | | | | | |
| Visits | | | | | | | |
| Visitor Nm | Relationship | Address | City | St | Zip | Phone | Start Date |
| End Date | Alpha Cd | | | | | | |
| **No information was found for the given criteria.** | | | | | | | |

Bureau of Prisons
Psychology Services
SHU Review

SENSITIVE BUT UNCLASSIFIED

| | | | |
|------------------|--------------------------------------|-------------------|---|
| Inmate Name: | NOBLE, WILLIAM H | Reg #: | 94082-038 |
| Date of Birth: | [REDACTED] | Sex: | M Facility FTD |
| Date: | 01/23/2018 09:42 | Provider: | Marantz, Stacie PsyD/Chief |
| Placed in SHU: | 05/13/2017 | Type: | SHU |
| Status: | ADMIN.DETENTION | Threat to Self: | Low |
| Basis of Review: | Inmate was interviewed | Adjustment: | Satisfactory, segregation not detrimental |
| Mental Status: | No significant mental health issues. | Threat to Others: | Low |

Comments

SHU review was completed today. NOBLE was monitored while he was in SHU. He denied the presence of any current mental health complaints. NOBLE denied suicidal ideation or intent, and he declined the use of psychology services at this time. He appears to be adjusting adequately to segregation at this time. Will continue to be monitored during psychology SHU rounds.

Additionally, when asked, SHU Staff reported no concerns regarding his functioning or mental health.

Completed by Marantz, Stacie PsyD/Chief Psychologist on 01/23/2018 10:05

**Bureau of Prisons
Health Services
Clinical Encounter**

| | | | |
|----------------------------------|------------------------|---------------|------------------|
| Inmate Name: NOBLE, WILLIAM H | Sex: M | Race: WHITE | Reg #: 94082-038 |
| Date of Birth: [REDACTED] | Provider: Bynum, M. RN | Facility: FTD | Unit: Z03 |
| Encounter Date: 07/27/2017 12:06 | | | |

Nursing - Sick Call Note encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Bynum, M. RN

Chief Complaint: Medication Refill

Subjective: Requesting medication refill and chart review

Pain: Not Applicable

OBJECTIVE:

Pulse:

| <u>Date</u> | <u>Time</u> | <u>Rate Per Minute</u> | <u>Location</u> | <u>Rhythm</u> | <u>Provider</u> |
|-------------|-------------|------------------------|-----------------|---------------|-----------------|
| 07/27/2017 | 12:07 FTD | 66 | | | Bynum, M. RN |

Respirations:

| <u>Date</u> | <u>Time</u> | <u>Rate Per Minute</u> | <u>Provider</u> |
|-------------|-------------|------------------------|-----------------|
| 07/27/2017 | 12:07 FTD | 12 | Bynum, M. RN |

Blood Pressure:

| <u>Date</u> | <u>Time</u> | <u>Value</u> | <u>Location</u> | <u>Position</u> | <u>Cuff Size</u> | <u>Provider</u> |
|-------------|-------------|--------------|-----------------|-----------------|------------------|-----------------|
| 07/27/2017 | 12:07 FTD | 145/85 | | | | Bynum, M. RN |

SaO2:

| <u>Date</u> | <u>Time</u> | <u>Value(%)</u> | <u>Air</u> | <u>Provider</u> |
|-------------|-------------|-----------------|------------|-----------------|
| 07/27/2017 | 12:07 FTD | 100 | | Bynum, M. RN |

ASSESSMENT:

No Significant Findings/No Apparent Distress

Requesting medication refill and chart review. CC verified

PLAN:

Renew Medication Orders:

| <u>Rx#</u> | <u>Medication</u> | <u>Order Date</u> | <u>Prescriber Order</u> |
|------------|-------------------|-------------------|-------------------------|
|------------|-------------------|-------------------|-------------------------|

| | |
|----------------------------------|------------------|
| Inmate Name: NOBLE, WILLIAM H | Reg #: 94082-038 |
| Date of Birth: [REDACTED] | Facility: FTD |
| Encounter Date: 07/27/2017 12:06 | Unit: Z03 |

Renew Medication Orders:

| <u>Rx#</u> | <u>Medication</u> | <u>Order Date</u> | <u>Prescriber Order</u> |
|------------|---------------------|-------------------|--|
| 370504-FTD | Naproxen 500 MG Tab | 07/27/2017 12:06 | Take one tablet (500 MG) by mouth every twelve hours rrr "Chronic Care Verified" x 30 day(s) |

Indication: Arthropathy, unspecified, Anterior soft tissue impingement

Disposition:

Will Be Placed on Callout

Patient Education Topics:

| <u>Date Initiated</u> | <u>Format</u> | <u>Handout/Topic</u> | <u>Provider</u> | <u>Outcome</u> |
|-----------------------|---------------|----------------------|-----------------|--------------------------|
| 07/27/2017 | Counseling | Access to Care | Bynum, M. | Verbalizes Understanding |

Copay Required: No **Cosign Required:** Yes
Telephone/Verbal Order: Yes **By:** Ibe, Chigozie PA-C
 Telephone or Verbal order read back and verified.

Completed by Bynum, M. RN on 07/27/2017 12:09
 Requested to be cosigned by Ibe, Chigozie PA-C.
 Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

| | | | |
|-----------------|------------------|-----------|--------------|
| Inmate Name: | NOBLE, WILLIAM H | Reg #: | 94082-038 |
| Date of Birth: | [REDACTED] | Race: | WHITE |
| Encounter Date: | 07/27/2017 12:06 | Provider: | Bynum, M. RN |
| | | Facility: | FTD |

Cosigned by Ibe, Chigozie PA-C on 07/27/2017 12:27.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: NOBLE, WILLIAM H
Date of Birth: [REDACTED]
Encounter Date: 08/15/2017 14:51

Sex: M Race: WHITE
Provider: Ibe, Chigozie PA-C

Reg #: 94082-038
Facility: FTD
Unit: Z03

Mid Level Provider - Chronic Care Follow up encounter performed at Special Housing Unit.

SUBJECTIVE:

COMPLAINT 1 Provider: Ibe, Chigozie PA-C

Chief Complaint: ORTHOPEDIC/RHEUMATOLOGY

Subjective: This Patient is here for MLP chronic care follow-up, for renewal of chronic care clinic medications and or chart review. Per policy, renewal of chronic care medications is done pending an MD chronic care clinic re-evaluation. This patient has h/o the following:

[REDACTED] Patient states he is compliant with his medications. He denies any side effects of the medications he is currently taking. He has no other concerns at the present time

Pain: No

OBJECTIVE:

Temperature:

| Date | Time | Fahrenheit | Celsius | Location | Provider |
|------------|-----------|------------|---------|----------|--------------------|
| 08/15/2017 | 14:54 FTD | [REDACTED] | | Tympanic | Ibe, Chigozie PA-C |

Pulse:

| Date | Time | Rate Per Minute | Location | Rhythm | Provider |
|------------|-----------|-----------------|-------------|---------|--------------------|
| 08/15/2017 | 14:54 FTD | [REDACTED] | Via Machine | Regular | Ibe, Chigozie PA-C |

Blood Pressure:

| Date | Time | Value | Location | Position | Cuff Size | Provider |
|------------|-----------|------------|-----------|----------|-----------|--------------------|
| 08/15/2017 | 14:54 FTD | [REDACTED] | Right Arm | Sitting | | Ibe, Chigozie PA-C |

SaO2:

| Date | Time | Value(%) | Air | Provider |
|------------|-----------|------------|----------|--------------------|
| 08/15/2017 | 14:54 FTD | [REDACTED] | Room Air | Ibe, Chigozie PA-C |

Exam:

General

Appearance
[REDACTED]

Pulmonary

Observation/Inspection
[REDACTED]

Auscultation
[REDACTED]

Cardiovascular

Observation
[REDACTED]

Inmate Name: NOBLE, WILLIAM H
Date of Birth: [REDACTED]
Encounter Date: 08/15/2017 14:51

Sex: M Race: WHITE
Provider: Ibe, Chigozie PA-C

Reg #: 94082-038
Facility: FTD
Unit: Z03

Exam:

Auscultation

ASSESSMENT:

PLAN:

Renew Medication Orders:

| <u>Rx#</u> | <u>Medication</u> | <u>Order Date</u> | <u>Prescriber Order</u> |
|------------|-------------------|-------------------|-------------------------|
| | | | |

Indication:

Disposition:

Follow-up at Sick Call as Needed
Follow-up at Chronic Care Clinic as Needed

Patient Education Topics:

| Date Initiated | Format | Handout/Topic | Provider | Outcome |
|----------------|------------|----------------|---------------|--------------------------|
| 08/15/2017 | Counseling | Access to Care | Ibe, Chigozie | Verbalizes Understanding |

Copay Required: No **Cosign Required: No**
Telephone/Verbal Order: No

Completed by Ibe, Chigozie PA-C on 08/15/2017 15:08

Generated 08/15/2017 15:08 by Ibe, Chigozie PA-C

Bureau of Prisons - FTD

Page 2 of 2

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: NOBLE, WILLIAM H
Date of Birth: [REDACTED]
Encounter Date: 01/11/2018 14:34

Sex: M Race: WHITE
Provider: Turner-Foster, Nicoletta

Reg #: 94082-038
Facility: FTD
Unit: Z03

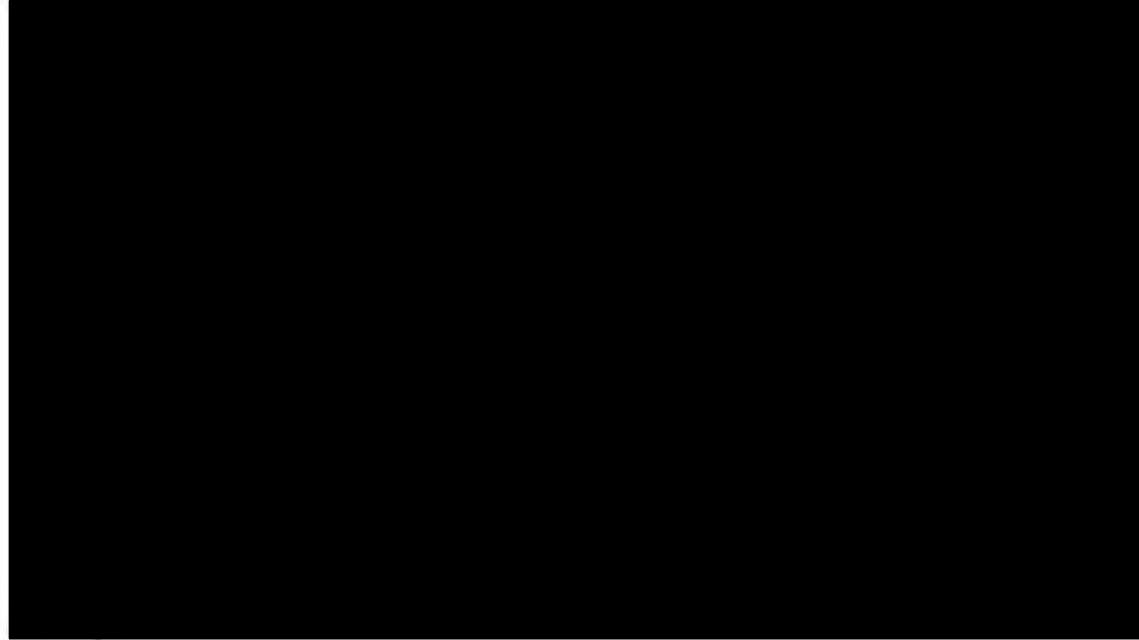
Chronic Care - Chronic Care Clinic encounter performed at Special Housing Unit.

SUBJECTIVE:

COMPLAINT 1 Provider: Turner-Foster, Nicoletta MD/CD

Chief Complaint: ENDO/LIPID

Subjective: This 52 year old male presents for his initial chronic care clinic evaluation with me. His FBOP sentence began on 11-29-2012. The patient arrived at FCI FTD on 09-04-2013. He was sentenced to serve 81 months in the FBOP. His projected release date is 03-08-2018.

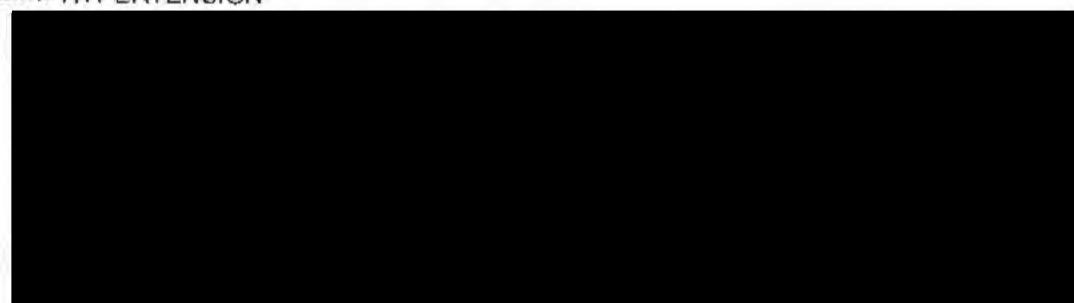


Pain: No

COMPLAINT 2 Provider: Turner-Foster, Nicoletta MD/CD

Chief Complaint: HYPERTENSION

Subjective:



Pain: No

Inmate Name: NOBLE, WILLIAM H
 Date of Birth: [REDACTED] Sex: M Race: WHITE Reg #: 94082-038
 Encounter Date: 01/11/2018 14:34 Provider: Turner-Foster, Nicoletta Facility: FTD
 Unit: Z03

COMPLAINT 3 Provider: Turner-Foster, Nicoletta MD/CD

Chief Complaint: MENTAL HEALTH

Subjective: [REDACTED]

Pain: [REDACTED]

COMPLAINT 4 Provider: Turner-Foster, Nicoletta MD/CD

Chief Complaint: ORTHOPEDIC/RHEUMATOLOGY

Subjective: [REDACTED]

Pain: [REDACTED]

Pain Assessment

Date: 01/11/2018 18:28
 Location: Multiple Locations
 Quality of Pain:
 Pain Scale:
 Intervention:
 Trauma Date/Year:
 Injury:
 Mechanism:
 Onset:
 Duration:
 Exacerbating Factors:
 Relieving Factors:
 Comments: [REDACTED]

Seen for clinic(s): Endocrine/Lipid, Hypertension, Mental Health, Orthopedic/Rheumatology

OBJECTIVE:

Temperature:

| Date | Time | Fahrenheit | Celsius | Location | Provider |
|------------|-----------|------------|------------|----------|--------------------------------|
| 01/11/2018 | 17:52 FTD | [REDACTED] | [REDACTED] | Tympanic | Turner-Foster, Nicoletta MD/CD |

Pulse:

| Date | Time | Rate Per Minute | Location | Rhythm | Provider |
|------------|-----------|-----------------|-------------|---------|--------------------------------|
| 01/11/2018 | 17:55 FTD | [REDACTED] | Via Machine | Regular | Turner-Foster, Nicoletta MD/CD |
| 01/11/2018 | 17:52 FTD | [REDACTED] | Via Machine | Regular | Turner-Foster, Nicoletta MD/CD |

Respirations:

| Date | Time | Rate Per Minute | Provider |
|------|------|-----------------|----------|
|------|------|-----------------|----------|

Inmate Name: NOBLE, WILLIAM H
 Date of Birth: [REDACTED] Sex: M Race: WHITE Reg #: 94082-038
 Encounter Date: 01/11/2018 14:34 Provider: Turner-Foster, Nicoletta Facility: FTD
 Unit: Z03

| Date | Time | Rate Per Minute | Provider |
|------------|-----------|-----------------|--------------------------------|
| 01/11/2018 | 17:52 FTD | [REDACTED] | Turner-Foster, Nicoletta MD/CD |

Blood Pressure:

| Date | Time | Value | Location | Position | Cuff Size | Provider |
|------------|-----------|------------|----------|----------|-------------|--------------------------------|
| 01/11/2018 | 17:55 FTD | [REDACTED] | Left Arm | Sitting | Adult-large | Turner-Foster, Nicoletta MD/CD |
| 01/11/2018 | 17:52 FTD | [REDACTED] | Left Arm | Standing | Adult-large | Turner-Foster, Nicoletta MD/CD |

SaO2:

| Date | Time | Value(%) | Air | Provider |
|------------|-----------|------------|----------|--------------------------------|
| 01/11/2018 | 17:52 FTD | [REDACTED] | Room Air | Turner-Foster, Nicoletta MD/CD |

Height:

| Date | Time | Inches | Cm | Provider |
|------------|-----------|------------|------------|--------------------------------|
| 01/11/2018 | 17:52 FTD | [REDACTED] | [REDACTED] | Turner-Foster, Nicoletta MD/CD |

Weight:

| Date | Time | Lbs | Kg | Waist Circum. | Provider |
|------------|-----------|------------|------------|---------------|--------------------------------|
| 01/11/2018 | 17:52 FTD | [REDACTED] | [REDACTED] | [REDACTED] | Turner-Foster, Nicoletta MD/CD |

Exam:

Diagnostics

Laboratory

Yes: Results

Radiology

No: Results

General

Affect

Yes: Cooperative

Appearance

Yes: Appears Well

Skin

Lesions

[REDACTED]

Eyes

Fundus Exam

[REDACTED]

Pulmonary

Auscultation

[REDACTED]

Cardiovascular

Auscultation

[REDACTED]

Vascular

[REDACTED]

Peripheral Vascular

General

[REDACTED]

Inmate Name: NOBLE, WILLIAM H
Date of Birth: [REDACTED]
Encounter Date: 01/11/2018 14:34

Sex: M Race: WHITE
Provider: Turner-Foster, Nicoletta

Reg #: 94082-038
Facility: FTD
Unit: Z03

Exam:

Legs

[REDACTED]

Abdomen

Auscultation

[REDACTED]

Neurologic

Coordination - Gait

[REDACTED]

Exam Comments:

[REDACTED]

ASSESSMENT:

[REDACTED]

PLAN:

New Medication Orders:

| Rx# | Medication | Order Date | Prescriber Order |
|------------|-------------------|-------------------|-------------------------|
|------------|-------------------|-------------------|-------------------------|

Inmate Name: NOBLE, WILLIAM H
 Date of Birth: [REDACTED]
 Encounter Date: 01/11/2018 14:34

Sex: M Race: WHITE
 Provider: Turner-Foster, Nicoletta

Reg #: 94082-038
 Facility: FTD
 Unit: Z03

New Medication Orders:

| Rx# | Medication | Order Date | Prescriber Order |
|-----|------------|------------|------------------|
| | | | |

Indication: Psoriasis, unspecified

Renew Medication Orders:

| Rx# | Medication | Order Date | Prescriber Order |
|------------|------------|------------|------------------|
| 370505-FTD | | | |
| 370503-FTD | | | |
| 394005-FTD | | | |

New Radiology Request Orders:

| Details | Frequency | End Date | Due Date | Priority |
|---------|-----------|----------|----------|----------|
| | | | | |

New Non-Medication Orders:

| Order | Frequency | Duration | Details | Ordered By |
|-------|-----------|----------|---------|-----------------------------------|
| | | | | Turner-Foster, Nicoletta MD/CD |

Schedule:

| Activity | Date Scheduled | Scheduled Provider |
|------------------------------------|------------------|--------------------|
| Chronic Care Visit CARE LEVEL 2 | 01/11/2019 00:00 | Physician 01 |

Disposition:

| |
|--|
| |
|--|

Other:

CARE LEVEL 2

| |
|--|
| |
|--|

Inmate Name: NOBLE, WILLIAM H
 Date of Birth: [REDACTED]
 Encounter Date: 01/11/2018 14:34

Sex: M Race: WHITE
 Provider: Turner-Foster, Nicoletta

Reg #: 94082-038
 Facility: FTD
 Unit: Z03

Patient Education Topics:

| <u>Date Initiated</u> | <u>Format</u> | <u>Handout/Topic</u> | <u>Provider</u> | <u>Outcome</u> |
|-----------------------|---------------|----------------------|-----------------------------|-----------------------------|
| 01/12/2018 | Counseling | Plan of Care | Turner-Foster, Nicoletta | Verbalizes Understanding |

Patient's mental health medication prescription was renewed. Also, the patient was instructed to notify staff if he becomes suicidal or to access medical care via sick call as per local institutional procedure if his mental health issues are not controlled.

[REDACTED]

Patient instructed to sign up for sick call as per local institutional procedure if his pain does not improve or if he develops any medical issues prior to his next clinic visit.

He was informed of his BMI. He was educated extensively on the rationale of manipulating his metabolism and decreasing his caloric intake to decrease his weight (BMI) and consequently, normalizing his blood pressure while decreasing his risk of developing diabetes and hyperlipidemia.

Copay Required: No
Telephone/Verbal Order: No

Cosign Required: No

Completed by Turner-Foster, Nicoletta MD/CD on 01/12/2018 11:13

Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note

| | | | |
|----------------|------------------|-----------|------------------|
| Inmate Name: | NOBLE, WILLIAM H | Reg #: | 94082-038 |
| Date of Birth: | | Facility: | FTD |
| Note Date: | 01/19/2018 13:35 | Provider: | Patel, Pradip MD |
| | | Unit: | Z03 |

Cosign Note - Lab Report Cosign encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Patel, Pradip MD

New Laboratory Requests:

| <u>Details</u> | <u>Frequency</u> | <u>Due Date</u> | <u>Priority</u> |
|----------------|------------------|------------------|-----------------|
| | | 02/02/2018 00:00 | Routine |

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Patel, Pradip MD on 01/19/2018 13:37

Patient: William Noble
ID: 94082-038
Facility: Fort DIX
Date: 1-24-18

Exam: MRI right shoulder

History: Pain.

Technique: Multiplanar T1 and T2 weighted sequences.

Findings:

There is increased signal present within the supraspinatus tendon. Much of this represents tendinopathy/tendinitis but there is a small focus of partial tear involving the anterior fibers near the insertion site. There is a small amount of fluid in the subacromial subdeltoid bursa. The remaining muscles and tendons of the rotator cuff appear to be intact.

Acromioclavicular joint arthritic changes identified. There may be a component of impingement on the supraspinatus tendon gliding undersurface osteophytes.

Tendon of the long head of the biceps is present in the bicipital groove.

Bony structures otherwise intact without evidence for fracture, and dislocation or bony destructive lesions.

Impression.

1. There is increased signal present within the supraspinatus tendon. Much of this represents tendinopathy/tendinitis but there is a small focus of partial tear involving the anterior fibers near the insertion site. There is a small amount of fluid in the subacromial subdeltoid bursa. The remaining muscles and tendons of the rotator cuff appear to be intact.
2. Acromioclavicular joint arthritic changes identified. There may be a component of impingement on the supraspinatus tendon gliding undersurface osteophytes.

Charles Muchnick MD

Charles Muchnick M.D.

**Bureau of Prisons
Health Services
Cosign/Review**

| | | | | | |
|----------------|----------------------|------|---|-----------|-----------|
| Inmate Name: | NOBLE, WILLIAM H | Sex: | M | Reg #: | 94082-038 |
| Date of Birth: | | | | Race: | WHITE |
| Scanned Date: | 01/29/2018 13:46 EST | | | Facility: | PHL |

Reviewed by Chinwalla, F. DO on 02/08/2018 10:16.

Medication Administration Record

Facility: PHILADELPHIA FDC

| Prescriptions | | | Time | 02/05/18 | 02/06/18 | 02/07/18 | 02/08/18 | 02/09/18 | 02/10/18 | 02/11/18 |
|--|--|--------------------------------|--------------|----------|----------|----------|----------|----------|----------|----------|
| Ord. Date 01/12/18 11:21 Exp. Date 01/12/19 11:20 409195- FTD | NOBLE, WILLIAM 94082-038 Take one tablet by mouth each morning | Turner-Foster, (12) Refills | 0800 | | | | | | | |
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| Ord. Date 01/12/18 11:21 Exp. Date 07/11/18 11:20 409196- FTD | NOBLE, WILLIAM 94082-038 Take one tablet (500 MG) by mouth every twelve hours rrr "Chronic Care Verified" | Turner-Foster, (17) Refills | 0800 1600 | | | | | | | |
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| Ord. Date 01/12/18 11:21 Exp. Date 01/12/19 11:20 409197- FTD | NOBLE, WILLIAM 94082-038 Take one tablet by mouth at bedtime "Consent form on file" | Turner-Foster, (12) Refills | 1600 | | | | | | | |
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| Ord. Date 01/12/18 11:22 Exp. Date 02/11/18 11:21 409202- FTD | NOBLE, WILLIAM 94082-038 Apply a small amount topically to the affected area(s) twice daily | Turner-Foster, (0) Refills | 0800 1600 | | | | | | | X |
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| Ord. Date 94082-038 | NOBLE, WILLIAM | Turner-Foster, | | | | | | | | |
| Exp. Date | | | | | | | | | | |
| Order | | | | | | | | | | |
| Ord. Date 94082-038 | NOBLE, WILLIAM | Turner-Foster, | | | | | | | | |
| Exp. Date | | | | | | | | | | |
| Order | | | | | | | | | | |
| Ord. Date 94082-038 | NOBLE, WILLIAM | Turner-Foster, | | | | | | | | |
| Exp. Date | | | | | | | | | | |
| Order | | | | | | | | | | |
| Ord. Date 94082-038 | NOBLE, WILLIAM | Turner-Foster, | | | | | | | | |
| Exp. Date | | | | | | | | | | |
| Order | | | | | | | | | | |

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| Documentation Codes: H - Hold; R - Refused; DC - Discontinued Order; S - Self Administered; NS - No Show; O - Other | | | | | | | | | | |
| DOB: <input type="text"/> | Allergies: <input type="text"/> No Known Allergies | | | | | | | | | |
| HT: 66 | WT: 228 | | | | | | | | | |
| Physician: Turner-Foster, Nicoletta MD/CD | | | | | | | | | | |
| Pt. Name: NOBLE, WILLIAM | | | | Registration #: 94082-038 | | | Unit: R01-001L | | | |